

July 29, 2021

The Honorable Ron Wyden  
United States Senate  
221 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Mike Crapo  
United States Senate  
239 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Patty Murray  
United States Senate  
154 Russell Senate Office Building  
Washington, DC 20510

The Honorable Richard Burr  
United States Senate  
217 Russell Senate Office Building  
Washington, DC 20510

The Honorable Frank Pallone  
United States House of Representatives  
2107 Rayburn House Office Building  
Washington, DC 20515

The Honorable Cathy McMorris Rodgers  
United States House of Representatives  
1035 Longworth House Office Building  
Washington, DC 20515

Dear Chairman Wyden, Ranking Member Crapo, Chairwoman Murray, Ranking Member Burr, Chairman Pallone and Ranking Member McMorris Rodgers:

As organizations dedicated to the mental, emotional and behavioral health of children and their families, we thank you for the critical investments you have made to date to support mental health amid the COVID-19 pandemic. Too many children in America struggle with unmet mental health needs, a long-standing problem only worsened by the pandemic. To address the ongoing urgent challenges facing children and adolescents, dedicated funding and support is needed that is tailored to their unique needs. Congress must act now to improve access to children's mental health care.

Childhood is a critical period in the prevention and treatment of mental health conditions. One in five children and adolescents experience a mental health condition each year, with half of adult mental illness presenting by age 14 and 75% by age 24. Children's hospitals have seen a significant rise in the number of emergency room or inpatient visits for suicidal thoughts or self-harm, with visits more than doubling since 2016. This disproportionately affects children and families in underserved, under-resourced, and racial and ethnic minority communities. Due to inequitable access, Black and Hispanic children are more likely to present in emergency rooms for mental health issues and less likely to receive care in the community. It is clear that even before the pandemic, America was experiencing a significant children's mental health crisis.

The COVID-19 pandemic further strained children's mental health. During the emergency, social isolation, financial uncertainty and disrupted routines have placed considerable stress on children and their families, significantly impacting their mental health and well-being. In communities across the country, there have been increases in suicide attempts and self-harm among children and youth. According to the CDC, from April to October 2020, hospitals saw a 24% increase in the proportion of mental health emergency department visits in kids ages 5 to 11 and a 31% increase for kids and teens ages 12 to 17 compared to 2019. In a follow-up study, the CDC found that beginning in May 2020, emergency department visits for suicide attempts began to increase among adolescents ages 12 to 17, with visits 39% higher than during the same period in 2019.

The increased mental health needs stemming from COVID-19 have further stressed our already strained systems for responding to children in crisis. Hospitals have reported that they do not have enough inpatient

beds to support children in crisis situations. As a result, a growing number of children are “boarded” in hospital emergency departments because there are no alternative placement options. Exacerbated by shortages of mental health professionals across disciplines, insufficient capacity exists to provide the level of care needed and support for more effective integration of services across the continuum.

### **Mental and Behavioral Health Policy Recommendations**

The effects of the COVID-19 pandemic on children’s mental health highlight the nation’s acute shortage of developmentally and culturally appropriate mental health services and the need to reinforce and expand the pediatric mental health delivery system and infrastructure. Congress must act now to promote access to necessary mental health care for children and adolescents by increasing immediate and long-term investments in the pediatric health care safety net, promoting comprehensive, integrated care, and building new and different national capacity to support care across the continuum.

- **Strengthen Medicaid** – The Medicaid program is the backbone of coverage for children in the United States, with children representing nearly half of all enrollees. Medicaid is also the single largest payer for mental health services. Access to timely and continuous comprehensive care and supports under the Medicaid program promotes children’s health and well-being, facilitates early identification and intervention and builds greater resiliency. Sustainable reimbursement or payment models that support Medicaid providers are needed to enhance children’s access to the full continuum of care, including screening in primary care settings and at well-child visits, community and school-based services and increased access through investments in telehealth. We recommend strengthening federal support for pediatric mental health care services by increasing the federal Medicaid match (FMAP) for these services generally or by enhancing reimbursement rates for Medicaid providers of pediatric mental health services.
- **Extend and preserve telehealth flexibilities** – During the pandemic, telehealth emerged as a vital tool to increase patient access to needed services and transformational to health care delivery. Notably, investments in telehealth have supported continuity of pediatric mental health care services, even amidst stay-at-home orders and forgone in-person care. To encourage expanded access to and use of telehealth services under Medicaid, we recommend Congress direct CMS to issue guidance to states on how to improve and sustain the availability of telehealth under Medicaid during the pandemic and beyond, including coverage of audio-only services, to provide appropriate pediatric care. Access to audio-only services is critical to support equitable access to mental health care for individuals without adequate broadband coverage.
- **Strengthen systems of care through better coordination and integration** – Children’s access to appropriate mental health care can be strengthened by improving coordination and collaboration between professionals and facilitating early identification and referral for community-based behavioral health services. To foster linkages and strengthen coordination across systems of care, Congress should provide resources to allow providers to effectively implement and bolster sustainable care coordination and integration strategies, which may include primary care integration in their communities across payers, including the establishment of effective reimbursement pathways. Additionally, greater investments are urgently needed to provide children and adolescents timely access to mental health services at the right level and in the appropriate setting. To ensure children have care options that meet their needs, Congress should provide flexible resources to support a range of child and adolescent-centered, community-based prevention and treatment services. Examples may include mental health urgent care, mobile crisis response services, substance use disorder prevention and treatment programs, youth and family peer-support, expanded school-based mental health programs, and increased use of telehealth consultation or in-home services to support local needs.

- **Invest in infrastructure to promote care in the appropriate setting** – Investments in pediatric mental health infrastructure are critical and urgently needed. There are currently not enough inpatient beds to support children in crisis situations, which increases the number of children boarding in emergency departments. Congress should provide resources to support efforts to scale-up inpatient care capacity, including costs associated with reallocation of existing resources, such as the conversion of general beds to accommodate mental health patients or to update psychiatric facilities to meet current safety standards and the unique needs of children and adolescents. There is also a vital need to increase access to alternatives to inpatient and emergency department care. Congress should provide funding specifically for the creation of additional pediatric care capacity for new sites of care to improve access to mental health services including step-down, partial hospitalization and day programs. These types of programs ensure that children and adolescents continue to receive intensive services and supports they need, while alleviating pressure on acute care settings. Finally, Congress should direct CMS to explore how hospitals can swiftly and safely redirect resources to ensure children receive care in the right place at the right time.
- **Support the growth of the pediatric mental health workforce** – A robust, diverse mental health workforce is essential to ensure that children have timely access to high-quality, developmentally and culturally appropriate care. Shortages in the mental health workforce are persistent, more severe within pediatric specialties and projected to increase over time. To address barriers to entry into these critical professions and to recruit a more diverse workforce, Congress should invest additional funding in both new and existing pediatric mental health workforce training and loan repayment programs. Existing loan repayment programs are often not designed to be accessible for pediatric professionals, particularly in mental health, and new funding and innovative approaches are needed, such as providing funding for the Pediatric Subspecialty Loan Repayment Program. Finally, investments must support workforce development in a wide array of pediatric mental health fields where shortages persist, such as child and adolescent psychiatrists, social workers, child and adolescent psychologists, school psychologists, school counselors, certified youth and family peer specialists and others.

The national picture of children’s mental health is troubling. The added stressors of the COVID-19 pandemic have led to a state of crisis felt in emergency departments, doctors’ offices, classrooms, and the homes and communities of children and their families. This moment of crisis is also an opportunity to take long overdue steps to strengthen mental health infrastructure, reduce barriers to care, and ultimately better meet the mental health needs of children and adolescents. We, the undersigned organizations, stand ready to work with you to meet these challenges and build a future where all children can receive the mental health support they need to thrive.

American Academy of Family Physicians  
 American Academy of Pediatrics  
 American Association of Child and Adolescent Psychiatry  
 American Foundation for Suicide Prevention  
 American Hospital Association  
 American Muslim Health Professionals  
 American Psychiatric Association  
 American Psychoanalytic Association  
 American Psychological Association  
 America’s Essential Hospitals  
 Association of American Medical Colleges

Catholic Health Association of the United States  
Children's Hospital Association  
Eating Disorders Coalition for Research, Policy & Action  
Federation of American Hospitals  
First Focus on Children  
The Jed Foundation (JED)  
The Kennedy Forum  
Mental Health America  
National Alliance on Mental Illness  
The National Alliance to Advance Adolescent Health  
National Association for Behavioral Healthcare  
National Association for Children's Behavioral Health  
National Association of Pediatric Nurse Practitioners  
National League for Nursing  
REDC Consortium  
Sandy Hook Promise  
United Way Worldwide

CC: Majority Leader Schumer  
Republican Leader McConnell  
Speaker Pelosi  
Minority Leader McCarthy